THE UNIVERSITY OF CHICAGO

ROUND TABLE

CANCER
WHAT THE PUBLIC SHOULD KNOW

A Radio Discussion by ALEXANDER BRUNSCHWIG
REUBEN GUSTAVSON *and* R. R. SPENCER

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Around the Round Table . . . .

ALEXANDER BRUNSCHWIG, professor of surgery in the School of Medicine of the University of Chicago, received his B.S. and M.S. degrees from the University of Chicago. His degree of Doctor of Medicine he received from Rush Medical College in 1927. Dr. Brunschwig is a member of the Society of University Surgeons, the American Surgical Association, the American College of Surgeons, and the Society of Clinical Surgery. He is also a corresponding member of the French Society for the Study of Cancer. He has written numerous articles on various phases of surgery and cancer and is the author of *Surgery of Pancreatic Tumors* (1942) and *Radical Surgery in Advanced Abdominal Cancer* (in press).

REUBEN G. GUSTAVSON was recently appointed Vice-President and Dean of the Faculties of the University of Chicago. He came to Chicago from the University of Colorado, where he had been acting as president. Mr. Gustavson studied at the University of Denver and received his M.A. and Ph.D. degrees at the University of Chicago. He was a member of the department of chemistry of the University of Denver from 1920 until 1937, when he became professor of chemistry and chairman of the department at the University of Colorado. In 1942 he was made dean of the graduate school and the next year became president of the University of Colorado. He has been a contributor to the *Journal of the American Chemical Society* and the *Journal of the American Medical Association.*

R. R. SPENCER was born in Virginia and studied at Richmond College, where he received his Bachelor of Arts degree in 1909. He took his medical training at Johns Hopkins University and in 1942 was given the honorary degree of Doctor of Science by the University of Richmond. In 1930 the American Medical Association, of which he is a member, awarded him the gold medal for his original investigations on Rocky Mountain spotted fever. Dr. Spencer was associate professor of preventative medicine at George Washington University from 1932 to 1936. He is also a member of the American Association for the Advancement of Science, the American Association of Cancer Research, and the American Society of Bacteriologists. Since 1943 he has served as chief of the National Cancer Institute.

CANCER
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MR. GUSTAVSON: The University of Chicago ROUND TABLE is a program in which persistent human problems are analyzed and discussed freely. Most of these problems are recognized in the study and research which takes place in our universities and colleges.

Cancer is such a problem. Medical and biological research together constitute a major part of the activities which go on within our universities and research institutions. It is there that cancer, with all its complexities, absorbs so much of the attention of our medical men and scientists. This is rightfully so, because the disease of cancer is a human killer of great magnitude. As such, this disease of man should be a public concern. A free and open discussion of cancer—what it is, what causes it, what can be done about it—is an obligation which the ROUND TABLE feels it owes its listeners.

Dr. Spencer, as chief of the National Cancer Institute, which, we know, is a part of the National Institute of Health and which, in turn, is a division of the United States Public Health Service under the Federal Security Agency, I would like to ask you why your agency directs so much of its attention to the disease of cancer.

DR. SPENCER: There is no doubt in my mind that cancer is one of the most important of all public health problems. It is second in the list of causes of death; and it certainly is one of the greatest human killers. Its importance is also emphasized by the fact that it strikes its victims at the very peak of their maturity and

earning power and at a time when they are of the greatest value to society. There is nothing so tragic as when a breadwinner of a family is taken down with cancer.

The Public Health Service, I know, regards it as one of the catastrophic illnesses. There are now one hundred and sixty-eight thousand deaths each year in the United States from cancer. This is rather impressive, and especially so when we remember that it is only seventy-five thousand short of the number of Americans killed in this war. It is a casualty list we just cannot ignore. It has been estimated that there are half a million cases all the time in this country. It has been said that cancer is definitely on the increase. That may be due, in part, to the fact that reporting is better nowadays than heretofore. It is also explained, in part, by the fact that more people live now to those ages, forty to sixty years, in which cancer is more likely to occur.

The federal government has a tremendous problem in the care of cancer cases, for there are now from six to seven hundred new cases being admitted each month to the veterans' hospitals of this country.

MR. GUSTAVSON: One popular notion is that cancer is a disease of civilization—the result of the way in which we live and what we eat. For example, I have heard that in India there is very little cancer, whereas in the Scandinavian countries or Switzerland, for example, there is a very high incidence of cancer. Is this true?

DR. BRUNSCHWIG: Formerly it was believed that cancer was a disease of civilized peoples and that it was uncommon among

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races living under primitive conditions. We now know that cancer is about as frequent among those living under primitive conditions as among civilized peoples.

Under primitive conditions there is a higher infant mortality and higher general death rate in the earlier years of life than in civilized countries. Thus, fewer people reach the fortieth year, after which there is a sharp increase in the incidence of cancer.

We may say that cancer affects all races, regardless of geographic distribution. There may be a difference in various forms in different parts of the world, dependent upon the customs and habits of living, but the total incidence of cancer in relation to the population over forty should be regarded as about the same everywhere.

DR. SPENCER: Do you not think that there is also another reason for the belief that cancer does not occur as frequently among primitive people as among civilized, when we realize that the reporting of cancer, even in this country, is not so good as it should be? The reporting of deaths from cancer is certainly far less reliable in the uncivilized and primitive areas of the world.

MR. GUSTAVSON: I would like to get myself straight on some fundamental questions. For example, I would like to start by asking what cancer is.

DR. BRUNSCHWIG: It is difficult to define cancer. The body is composed of billions of cells, just as a brick wall is composed of individual bricks. The functioning of the cells in the body might be compared to many different assembly lines in a large factory, where each group of workers has a special job to do. If, at a given moment, some groups decide, for no special reason, to make excess parts, the whole organization will break down. At some point in the system there will be an accumulation of extra parts for which no use can be found.

In the case of cancer some cells, instead of remaining in their places and performing their usual functions, begin to grow very rapidly, invade the surrounding tissues, and ultimately invade the entire body by way of the blood stream, resulting in death.

MR. GUSTAVSON: In other words, cancer is made up of a group of cells which are rapidly multiplying and which seem to serve no purpose to the body. Is that the right idea?

DR. BRUNSCHWIG: That is right. Cancer cells have no proper function.

MR. GUSTAVSON: What about the contagious phase of cancer? If one had a member of his family, for example, with cancer of the breast—with perhaps even a running sore—what are the chances of some other members of the family getting the disease? Should we quarantine the cancer patient?

DR. SPENCER: Certainly not. We are quite sure that cancer is not communicable, and there is not the slightest danger of another member of the family contracting the disease from a patient in the family group.

MR. GUSTAVSON: There is another question which I would like to get straight. I have heard friends of mine who have cancer sometimes say that it turned out to be "malignant," or they have said that it turned out to be "benign." What is the meaning of those terms?

DR. BRUNSCHWIG: A tumor may be either benign or malignant. A benign tumor is one that develops locally, does not spread, and causes no general disturbances. A malignant growth is invasive. It spreads throughout the entire body and ultimately causes the death of the patient.

MR. GUSTAVSON: In other words, if one had a malignant growth on the hand, for example, and if nothing was done about

it, that growth would spread to other parts of the body. Can a surgeon tell whether he is dealing with a benign or a malignant tumor just by looking at it?

DR. BRUNSCHWIG: Often it is possible to tell whether a tumor is benign or malignant by gross inspection. On the other hand, for final confirmation of the diagnosis, a small portion of the tissue is removed for study under the microscope.

MR. GUSTAVSON: And I presume that it is terribly important for planning adequate treatment to have this study made. Is that right?

DR. BRUNSCHWIG: Yes, indeed! The removal of a small bit of tissue for examination—"biopsy," as the process is called—is the only true scientific way to make a final diagnosis. The importance of this cannot be overemphasized.

MR. GUSTAVSON: I have a pretty good idea now what cancer is. Let us now talk about its fundamental causes.

We know that some diseases are almost purely hereditary. For example, I understand that bleeders' disease—a disease in which the blood refuses to clot and in which even a minor operation, such as pulling a tooth, might result in bleeding to death—is a hereditary disease. Some other diseases are entirely environmental, such as tuberculosis and syphilis, where, to contract them, there must be contact with the germs of tuberculosis and syphilis. In the last twenty-five years considerable research has been devoted to the question of whether cancer is hereditary. What has this study shown?

DR. SPENCER: I would say that all diseases have both a hereditary and an environmental factor, and I suspect that cancer, more than any other condition, has a more or less fifty-fifty relationship, one might say, between heredity and environment.

MR. GUSTAVSON: Have we been able to show that cancer is hereditary, for example, in small laboratory animals, such as mice and rats?

DR. SPENCER: In the ordinary laboratory strains of rats and mice there are certain animals which are susceptible, and there are others which are more or less resistant. But by a process of inbreeding, investigators have been able to produce strains which are practically 100 per cent susceptible. Such strains become very useful experimental laboratory tools for cancer research.

MR. GUSTAVSON: But, after all, humans outbreed rather than inbreed, which means that the human hereditary picture must be very complex. What about the human situation?

DR. BRUNSCHWIG: There are fairly complete records for a few generations in so-called "cancer families." The incidence of cancer in these families was higher than could be accounted for by mere coincidence. A hereditary factor concerned with the development of cancer in man might be said to exist, but very little is known about how this factor operates. For example, if we know the cancer incidence in each of the families of a couple contemplating marriage, we are still unable to predict the incidence of cancer which might develop in their children and other descendants. However, there are some who feel quite certain that marriage between members of families with a high incidence of cancer would afford offspring in which there would be a high probability of cancer.

MR. GUSTAVSON: Suppose we had a situation in which there is known to be some cancer in the family; would that necessarily mean that other members of the family are going to develop it?

DR. BRUNSCHWIG: No, indeed, it does not!

MR. GUSTAVSON: Or, suppose I put it another way: If there is no cancer in the family, so far as we know, is there still the possibility that it might develop?

DR. BRUNSCHWIG: Yes. Individuals are observed with cancer whose parents and grandparents are known to have lived to an advanced age and died of causes other than cancer.

MR. GUSTAVSON: What about causes other than hereditary? What about external causes of cancer?

DR. SPENCER: It is important to point out that cancer can be contrasted very strongly with the parasitic and communicable diseases. One cannot have tuberculosis without the presence of the tubercule bacillus. On the other hand, one can have cancer long after the inciting cause has disappeared.

MR. GUSTAVSON: Have we been able to produce cancer in the experimental aminal with any degree of success in the same way we have been able to introduce, for example, tuberculosis into an experimental animal, such as the guinea pig?

DR. BRUNSCHWIG: Yes. It is now possible, in mice and rats especially, to produce at will cancers of various tissues quite comparable in their microscopic appearance to the cancers which are observed in man.

One of the most brilliant chapters in cancer research has been the discovery of certain compounds which can be synthesized in the laboratory and which, if injected into animals, produce cancer. If these compounds are applied to the skin, a typical skin cancer develops; if they are put into the stomach wall, a cancer of the stomach develops; if they are inserted into bone, a bone cancer develops. Wherever these compounds are placed, the tissues undergo malignant change.

MR. GUSTAVSON: These compounds that you speak of, then, are sort of triggers, is that right? They set off something. Or does this compound which causes the cancer have to be there continuously in order to keep these cells multiplying?

DR. BRUNSCHWIG: The compound does not have to remain in place. This is a very important point. Once the cancerous process has developed—that is, once the cells have changed from normal to malignant cells—they continue as malignant cells and multiply rapidly. The continued presence of the compound which caused the change is no longer necessary.

DR. SPENCER: There is another interesting point which should be emphasized. There are certain known chemical compounds which affect, specifically, certain organs. For example, it has been shown that carbon tetrachloride will give cancer of the liver when swallowed by certain experimental animals. It passes through the stomach and does not affect the stomach wall in any way, but it causes cancer of the liver. Certain dyes have been shown to produce cancer of the bladder.

MR. GUSTAVSON: Does that mean that if I can stay away from carbon tetrachloride, or stay away from this compound you were telling me about, Dr. Brunschwig, "methyl-cholanthrene," or coal tar—that is, just by avoiding contact with these things—can I be sure that I can avoid cancer?

DR. SPENCER: These compounds do constitute a definite hazard in certain industries. The important point is that whenever we recognize these compounds as cancer-producing agents we can immediately prevent this type of cancer by preventing the workers from coming in contact with them. This has given us a very important and practical problem for industrial medicine.

Mr. Gustavson: This is something of a clue, then, that maybe cancer is a chemical problem, but just what the chemistry is has still to be determined.

Dr. Spencer: I think that that is correct.

May I bring in another point which is interesting and which throws some light on this complex question of the causation of cancer? I refer to some recent work in which the investigators showed that cancer in mice could be produced by interfering with the hormonal balance. This would indicate that something has gone wrong with the internal chemistry of the body.

Mr. Gustavson: Is it true that cancer can be started by such things as chronic exposure to ultraviolet light or exposure to radium? That is, are there external causes of a physical nature which can bring about cancer?

Dr. Brunschwig: Yes. It has been shown that the ultraviolet portion of sunlight can produce cancer, both in man and in animals. Furthermore, it has been shown that large doses of X-rays or radium rays, or small doses of these rays applied for prolonged periods, can also produce cancer in both animals and man. These rays are used in the treatment of cancer, but, when incorrectly applied, they may cause cancer.

Dr. Spencer: Do you not think that this shows the need for complete training in radiology and that both radium and X-ray are dangerous instruments in the hands of poorly trained people?

Mr. Gustavson: In other words, when one looks at cancer from the standpoint of initial or fundamental causes, there does not seem to be any single cause. Is that correct?

Dr. Brunschwig: We can say that there are many causes for cancer, but that each, in its own way, finally produces the same

disturbance within the cells which results in a transformation from the normal to the malignant state.

Dr. Spencer: You mean by that, do you not, that the initial or inciting causes are multiple as contrasted with the mechanism which takes place—whatever it might be—in transforming a normal cell to a cancer cell? In other words, a cancer cell behaves differently from the way its normal ancestor did, and it does not take part in and contribute to what we might call the body economy.

Dr. Brunschwig: That is right.

Mr. Gustavson: Now that it is possible to produce cancer in the experimental animal with these agents which we have described, does that mean that we are able to control cancer?

Dr. Brunschwig: No, for knowing the cause does not mean that we can control the disease; and, on the other hand, the development of effective means for the control of cancer certainly does not have to await the full explanation of its cause.

Mr. Gustavson: You gentlemen interest me when you say that we might be able to control it even though we do not know the cause. Is there any example of that in medicine?

Dr. Spencer: Smallpox, for example, was prevented and practically wiped out, where the population was cooperative and submitted itself to vaccination, long before we knew the cause of smallpox.

Mr. Gustavson: In other words, it would seem that we can work at the cancer problem from two angles simultaneously. We can keep our research laboratories busy on what we might call fundamental causes, and we can also keep another group working on the curative end. That is, it does not necessarily mean

that we must know the fundamental cause of cancer before we can make any progress on the other side.

The problem of diagnosis and treatment, of course, is most important to all of us, and doctors are continually stressing the fact that we must work for an early diagnosis of cancer. There are people who seem to be ashamed of having cancer and who try to hide it and who do not even give the doctor a chance to diagnose it. These people never tell the immediate members of their family about it. Is there any reason why anybody should have this feeling toward cancer?

Dr. Spencer: By no means. It is no more disgrace to have cancer than it is to have a broken leg or pneumonia or any other condition over which one has no control.

Mr. Gustavson: Since it is not contagious, from that point, there is no need of attempting to hide it, I take it.

Dr. Spencer: That is very true. There is no experimental or clinical evidence, so far as I know (and I think Dr. Brunschwig will bear me out in this), which would indicate that cancer is communicable from one patient to another or from one animal to another in the experimental field.

Mr. Gustavson: Let us consider the problems of diagnosis. I can see how one can diagnose cancer of the skin or some external cancer very early—for example, we are told that we ought to be very suspicious about certain kinds of moles. But what about the internal cancers—cancer of the stomach, for example? Are they easy to diagnose?

Dr. Brunschwig: Frankly, we must admit that so-called internal cancers, such as cancer of the stomach and bowels, are not usually diagnosed very early. We do not have the means. Usually cancer arising in the internal organs reaches an advanced stage

before the patient himself realizes that things are not what they should be. Often patients very cooperatively report to their physicians only a few days or a few weeks after certain symptoms have developed, only to discover that a cancer of an internal organ has reached an advanced stage. This is really one of the most important problems which we have in the whole field of cancer today.

Mr. Gustavson: In other words, taking a blood sample or a sample of urine and putting it through the ordinary tests that are easy to make for diagnosing a disease such as diabetes, for example, is of absolutely no help in diagnosing these internal cancers at the present time? Is that true?

Dr. Brunschwig: Unfortunately we possess no test which gives the physician an indication that cancer has begun to develop or that there is even a predisposition to cancer. There is no blood test for the diagnosis of early cancer.

Mr. Gustavson: The problem, then, of dealing with this disease becomes, I take it, a very drastic one. It is a problem of trying to take out these outlaws from the body. Is that what it resolves itself into?

Dr. Brunschwig: Our treatment consists of removing, in one way or another, the malignant cells. Since cancer begins locally we have a chance to remove all the cells if the patient is adequately treated in the early stages of the disease.

Mr. Gustavson: Is there any medicine that a man could take by mouth, for example, that would be helpful?

Dr. Brunschwig: No. There is no medication, no serum, no vaccine, no rays of which I know that will kill cancer cells throughout the body and, at the same time, spare the normal cells.

Our treatment for cancer is a local treatment at present. However, it is fairly efficient in certain cases. For example, 60 per cent or more of patients with cancer of the breast can be cured by operation. Almost all cancers of the lip can be cured by surgery or by the use of X-rays or radium. Certain skin cancers are curable by radium or X-ray alone.

Dr. Spencer: Dr. Brunschwig, I would like to know if you think that it is a fair statement to say that before treating any individual case, although there are several approved ways of treating cancer, the patient should have, in complicated cases at least, the consultative advice of a good radiologist, a good surgeon, and a good pathologist and that the treatment of every case must be considered on the merits of that case? I mean by that that the location of a cancer, the type of cancer, the rate of growth, the age of the patient, and many other factors are important and that treatment should never be formalized. Furthermore, does not the very best type of cancer therapy require long training and skill of each one of these three men whom I have mentioned?

Dr. Brunschwig: Yes, I would agree with that. Cancer may arise in all tissues or organs in the body; and, therefore, its treatment falls within all branches of the practice of medicine.

Mr. Gustavson: It seems that we have before us a very difficult problem. We are not sure of what the causes of cancer are in the human; we have some notions of how to bring about cancer in the experimental animal; and our treatment, as you have indicated, is local, and it is drastic.

What about attacking this problem the way we attacked the problem of making an atomic bomb? Suppose that we were able to get two billion dollars (that was the amount spent on the bomb) and put it in the hands of a very large group of scientists

who could work on this problem very intensively for the next three or four years, could we crack the problem? I mean, could we be sure of it? After all, when we built the atomic bomb, we really did something.

Dr. Spencer: I think that it would be foolish to predict in advance what we could do, because all fundamental research, whether it is in the physical field or in the biological field, is unpredictable and fortuitous and expensive and time-consuming. I believe that biological research is perhaps even more unpredictable and more difficult than physical research. However, that is a question which might be argued.

I am afraid that the public has been somewhat misled. Because through the success in the development of the atomic bomb and the release of atomic energy, the public believes that we can quickly solve a biological problem like cancer. It should be remembered that the fundamental discoveries underlying the development of the atomic bomb had all been made, and it was largely a job of bringing together the knowledge and skill of many men of varied training and experience. Many years of painstaking effort preceded the recent development of atomic energy.

But in the cancer field we have not reached that stage. We have not discovered the fundamental, underlying principles of growth; and cancer, most investigators recognize today, is a problem of growth, or rather of abnormal growth. As yet, we know very little about life- and growth-processes.

Mr. Gustavson: In other words, the making of the atomic bomb was a great engineering project which involved the use of fundamental information on the breaking-up of atoms. Having had that information long before the war, in fact, we were able to build the bomb. But the problem of attacking cancer is differ-

ent. We still do not have the fundamental information. Is that a fair statement of where the problem stands?

Dr. Brunschwig: Yes. We cannot really define a cancer cell in chemical terms, although we can recognize it under the microscope in most instances. There must be chemical differences between a malignant cell and a normal cell, but, as yet, we cannot express these differences. Cancer research is really research on growth of cells—or on the question of how living matter propagates. Possibly a study of the growth mechanisms of bacteria or germs, which we know multiply so rapidly, might afford an important clue for understanding the cause of rapid growth of malignant cells. After all, germs and malignant cells are both minute fragments of living matter that are growing rapidly.

Mr. Gustavson: And that would mean that not only must the physician and the surgeon work on it but biologists in general —perhaps the bacteriologist and the biochemist, the botanist and the zoölogist—can contribute to this problem. In other words, it has to have a very broad base.

Dr. Brunschwig: Yes. We cannot predict from which direction the most important discovery might come. It might come from those who are not at all interested at the moment in the cancer problem. The more people we have working on fundamental biologic problems, the greater will our chances be of discovering something which will be of importance for cancer.

Dr. Spencer: For that very reason, do you not think that perhaps if a large sum of money could be set aside for fundamental research in the phenomenon of growth (which would guarantee continuity of effort over a number of years, although we cannot promise the solution of this problem at any given time), this would attract some of the best and most-talented biological in-

vestigators in the country? Perhaps by such an effort we might reach a solution earlier.

MR. GUSTAVSON: We could really say certain things in way of summary of where we stand. Cancer, ranking second as the cause of death, is a most important public health problem. It attacks all races and all classes in all parts of the world and is increasingly a cause of death as the life-span exceeds forty years.

While there may be many causes of cancer, the disease is fundamentally due to cells which multiply without restraint and build a structure which serves no useful purpose to the body.

The approved method of treatment at the present time is surgical removal of the growth or the primary use of X-rays or radium in certain forms. The probability of cure increases as the diagnosis and treatment come early enough to prevent the spread of the disease by the bloodstream. The early diagnosis of internal cancer is extremely difficult and represents a number-one medical problem.

Cure and prevention of cancer will depend upon research leading to an understanding of the growth process. It not only demands the attention of medical men but, perhaps, even more important, demands the work of biologists. While we cannot guarantee that research in any given field will give us a solution to the cancer problem, we can certainly say that, without research, there will not be a solution to the cancer problem.

The ROUND TABLE, *oldest education program continuously on the air, departed from its usual procedure to present a special script broadcast today. The participants met in advance, prepared a topical outline, exchanged data and views, and prepared statements of their positions. The opinion of each speaker is his own and in no way involves the responsibility of either the University of Chicago or the National Broadcasting Company. The supplementary information in this transcript has been developed by staff research and is not to be considered as representing the opinions of the* ROUND TABLE *speakers.*

The People Say . . . .

The following letters are representative of the views expressed by the ROUND TABLE *audience on "What is the TVA Idea?" broadcast December 2, 1945.*

Intelligent

Your discussion of the TVA idea is the closest approach to an intelligent discussion of current social problems which has taken place for a very long time.—*A listener from Chicago, Illinois.*

*

Propaganda

I just heard your ROUND TABLE on the TVA idea, and I felt that it was certainly propaganda favorable to the same. Should you not, as an educational institution, present the opponents of the idea? I feel sure that you want to be "factual" and fair in this matter.—*A listener from Minneapolis, Minnesota.*

*

Splendid

I want to thank you for your splendid discussion on the TVA. It was intensely interesting, and we hope that you will follow up not only on the TVA but also on the other valley authorities which are being discussed all over the country.—*A listener from Chicago, Illinois.*

*

Fine Discussion

May I suggest that in the near future you devote one of your ROUND TABLE programs to a thorough investigation of the proposed MVA and give lie to the people who oppose it on the specious (I believe) plea of socialism and suppression of states' rights? That is, I am anxious to have the issue taken out of the political fog in which it has unfortunately become obscured. I would like the public told that this issue is bigger than whether the Republicans or the Democrats should get credit for it. Thank you for your fine discussion of the background of the TVA.—*A listener from Hankinson, North Dakota.*

*

A Love Feast?

I understand that the ROUND TABLE is not primarily a debating forum. But I wonder whether, on the other hand, it is to become a love feast—especially on questions as tough as the TVA. I listened carefully for any slightest mention—and heard none—of the only objection on principle which I recall hearing voiced against the TVA. That is, namely, that it was launched in the form of an inequitably financed attack on private utility companies operated by men who are hardly to be assumed to be buccaneers. The argument goes that it was financed by public credit which should be put to better uses. Why not a word of this in the twenty-five minutes of rehashing of the familiar propaganda?—*A listener from Chicago, Illinois.*

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